Healthy Child Care
NEWSLETTER

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Senate Bill 341 Effective August 28

Impacts areas of immunization and safe sleep

During the last legislative session, the Missouri General Assembly passed Senate Bill 341 (SB341). This bill has key pieces impacting licensed and license-exempt child care providers in the areas of immunization and safe sleep for children less than one year of age. On July 7, Gov. Jay Nixon signed the bill which will become law on August 28, 2015.

Immunizations

SB341 requires both licensed and license-exempt child care providers to notify parents and guardians of each child, at the time initial enrollment in or attendance at the facility, that they may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption is on file.

Beginning December 1, 2015, licensed and license-exempt child care providers must notify parents and guardians of each child currently enrolled in or attending the facility that they may request notice of whether there are children currently enrolled or attending the facility for whom an exemption has been filed.

Finally, licensed and license-exempt child care providers must notify the parent or guardian of a child enrolled in or attending the facility, upon request, of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Safe Sleep

SB341 requires the Department of Health and Senior Services (DHSS), Section for Child Care Regulation (SCCR) to approve training concerning the safe sleep recommendations of the American Academy of Pediatrics (AAP) and to promulgate licensing rules that include the most recent safe sleep recommendations of the AAP. The goal is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUIDS) in children less than one year of age.

This bill will require licensed child care providers to:

- Implement and maintain a written safe sleep policy in accordance with the most recent safe sleep recommendations of the AAP.
- Obtain written health care provider instructions if child's sleep positioning differs from AAP guidelines.
- Ensure all employees of licensed child care facilities who care for infants less than one year of age, or any volunteer who may be assisting at the facility, to complete DHSS approved safe sleep training on the most recent AAP recommendations. This training must be completed every three years.
- Keep soft or loose bedding away from sleeping infants and out of safe sleep environments. This includes, but is not limited to, bumper pads; pillows; quilts; comforters; sleep positioning devices; sheepskins; blankets; flat sheets; cloth diapers; bibs and other similar items.
- Keep blankets or other soft or loose bedding from being hung on the sides of cribs.

The SCCR will continue to share information with child care providers as it moves forward with implementing the required statutory changes.

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Kids & Cars:

Take Precautions...Save Lives!

Visit KidsAndCars.org for more child vehicle safety information.

You know that maintaining the safety of children in your care is vitally important. Driving a safe vehicle and ensuring that children are properly restrained in car seats is only a small part of your responsibility. There are many other vehicle-related dangers which caregivers must consider to keep children safe in and around vehicles. Even in the case of accidents or unintentionally forgetting a child in a vehicle, caregivers can be held liable for injuries or deaths as a result of negligence in securing the safety of a child.

KidsAndCars.org is a national nonprofit child safety organization dedicated solely to preventing injuries and deaths of children in and around vehicles. The organization works to prevent tragedies through data collection, education and public awareness, policy change, product redesign and survivor advocacy.

The KidsAndCars.org website is filled with information about the prevention of vehicle-related dangers most often involving children, such as:

- Vehicular Heat Stroke
- Backovers and Frontovers
- Power Window Strangulation
- Trunk Entrapment
- Vehicle Set Into Motion
- Other vehicle-related dangers

Child Vehicular Heat Stroke Facts:

- The inside of a vehicle can heat up to 125 degrees within minutes, even with the windows cracked.
- 80% of the increase in temperature happens in the first 10 minutes.
- Children have died from heatstroke in cars with outdoor temperatures in the 60s.
- A child's body overheats 3-5 times faster than an adult body.
- The average number of U.S. child vehicular heat stroke deaths is 37 per year. That's one every 9 days!
- 87% of child vehicular heat stroke victims are age three and under.
- Child heat stroke victims were unknowingly left in the vehicle 54% of the time.

Instead of saying, "This could never happen to me," practice these prevention tips:

- NEVER leave children alone in or around cars; not even for a minute.
- Look Before You Lock! Always check the back seat and in vans, walk to the back and look under each seat.
- Put something you will need- a handbag or brief case – in the back seat each time you place a child in the car so you will remember each time you stop to check the back seat. Or, place a visual reminder in the front seat – such as a stuffed animal – each time a child is in the vehicle.
- Child care providers can create a policy with parents to contact parents IMMEDIATELY if children do not show up as scheduled.
- Keep vehicles locked at all times so children do not accidentally enter the vehicle unnoticed. If a child goes missing, immediately check vehicles, including the trunks.
- If you see a child alone in a vehicle, get involved immediately. Quickly assess if the parent is near the vehicle. Call 911 if the child is alone. If the child seems hot or sick, get the child out of the vehicle as quickly as possible.

Please share these important facts and safety tips with child care staff, parents, friends, and relatives. The precautions and quick actions that are taken could safe a life!

Prevent Tip-overs…

Anchor It!

Every 24 minutes a child in the U.S. is injured as a result of a TV or furniture tip-over incident. The Anchor It! campaign is the U.S. Consumer Product Safety Commission's (CPSC) call to action to educate parents and caregivers about these dangers in the home and to urge simple, low-cost action to prevent tragedies.

An estimated annual average of 38,000 emergency department-treated injuries are associated with TV or furniture tip-overs. Many tip-over accidents can be prevented if parents and caregivers take action to protect their children! What can you do to protect the children in your care?

- Remove tempting items, such as toys and remote controls, from the top of dressers, TVs and other large furniture.
- Anchor top-heavy furniture to the wall with inexpensive anti-tip devices, such as brackets, braces and wall straps.
- Televisions that are not wall mounted, should be anchored to the wall or stand using an anti-tip device.
- Mount flat-screen TVs.

For more information, visit:
http://www.anchorit.gov/.

- 81% of tip-over fatalities occur in the home
- 2/3 of TV and furniture tip-over fatalities involve toddlers
- 42% of tip-over fatalities occur in a bedroom
- Every 15 minutes, someone in the U.S. is injured by furniture tip-over
- On average, 1 child dies every 2 weeks when a TV or furniture falls onto him or her

Every 24 minutes a child in the U.S. is injured as a result of a TV or furniture tip-over incident.

The Great Outdoors: SUMMER Play Safety

Children love to play outside, even when it's hot and sunny! During the summer, extra precautions must be taken to keep children safe and happy outdoors. Remember, licensing rules require that daily activities for children include one hour of outdoor play for preschool and school age children except in cases of extreme weather. Infants and toddlers should also be allowed daily opportunities for outdoor play as weather permits. Below are several important tips to remember to keep children safe when playing outdoors in warm, sunny weather:

Use Sunscreen Appropriately: Sunscreen should be applied according to manufacturers' instructions to protect children's delicate skin from sunburns. Sunscreen is regulated by the FDA as an over-the-counter medication; therefore, application of sunscreen must be permitted by parents. Applying and documenting each application of sunscreen can be a time-consuming task. Child care providers may speak with their child care facility specialist to request a variance that may allow a standard form to be used that indicates the brand and type of sunscreen to be applied, which parents may sign once per year. Because it is a preventive measure and not a treatment, documentation of the regular application of sunscreen would not be necessary. Speak with your child care facility specialist for additional information on the use of sunscreen at your facility.

Consider the Heat Index: Watching the weather is part of a child care provider's job. It's not enough to look only at the temperature. The relative humidity must also be considered to determine the heat index. The heat index is how hot it feels outside when the air temperature and relative humidity are combined. For instance, if the air temperature is 90 degrees and the relative humidity is 65%, the weather actually "feels like" 103 degrees! Fortunately, you can access a Child Care Weather Watch handout at: http://health.mo.gov/safety/childcare/pdf/weatherwatch.pdf that will help you understand when to reduce the time children are outside or should be kept inside due to extreme weather.

Provide Access to Cool Water Outside: When children are playing outside in warm weather, they will need to hydrate their bodies more often to help maintain a comfortable temperature. If you do not have an outdoor faucet, place a cooler of water with a spout and disposable cups outside for children to access water as often as needed.

Create Areas of Shade: If shade trees or a covered porch is not available, consider installing an awning, large umbrella, or sun tent to provide access to shade.

Clothe Children Appropriately: Encourage parents to provide appropriate clothing for outdoor play. Lightweight materials, shorts or dresses, and short sleeves will help children remain cooler outdoors. Also, encourage children to wear hats and sunglasses to protect their faces and eyes from the sun.

Consider the Age of the Child: Infants and toddlers are unable to tell their teachers if they are getting too hot. Watch for signs of discomfort and provide shorter periods of play for younger children. Two or three shorter periods of outdoor play are safer than one long period of play during hot weather.

Missouri *Breastfeeding Friendly* Worksite Program

The Missouri "Breastfeeding Friendly Worksite Program" is a collaboration between the Missouri Department of Health and Senior Services and the Missouri Breastfeeding Coalition to educate employers on the value of providing lactation support in the workplace and to recognize businesses that support their breastfeeding employees. Women who return to work while continuing to breastfeed need the support of their employers. Their needs are small, which include a safe, private and comfortable location at the worksite and the opportunity to pump two or three times during the work day. There are also benefits to the employer, which include a decrease in health care costs, absenteeism and an increase in employee retention, company loyalty and productivity.

In 2010, the Fair Labor Standard Act (FLSA) was enacted as part of the Affordable Care Act. The FLSA requires employers to provide reasonable unpaid break time and a private place for breastfeeding mothers to express milk while at work. For information on the "Break Time Requirement for Nursing Mothers" requirement under the FLSA go to www.dol.gov/whd/nursingmothers. The "Breastfeeding Friendly Worksite Award" evaluates employers on criteria for three levels of support: Gold, Silver, and Bronze. The Bronze level is what is minimally required through the Affordable Care Act. For more information on the "Missouri Breastfeeding Friendly Worksite Program" go to: health.mo.gov/living/families/wic/breastfeeding/index.php.

Child-proof Doorknob Devices

Courtesy of the Missouri Division of Fire Safety

Child-proof devices that are placed on interior doorknobs are practical, and paramount for the containment of children. But while meeting the intent of one objective (preventing children from leaving the building or area), they are hindering another objective (ability to escape in case of emergency).

Both objectives pertain to safety. Denying a child the ability to operate the doorknob and potentially escape supervision helps keep them safe. Having the ability to operate a doorknob to escape during an emergency also helps ensure their safety.

Since their design and purpose is to prohibit children from opening the door, these devices cannot be allowed on doors that are a part of means of egress. The premise behind this is that in the event of an emergency and the adult caregiver is incapacitated, the children will still have the ability to self-rescue, so to speak. Using these devices on doors that are not a part of the means of egress is perfectly acceptable.

This is covered under 19 CSR 30-61.086- Fire Safety, paragraph (4) (F), and 19 CSR 30-62.087- Fire Safety, paragraph (4) (C) 3., which states: "No door in a means of egress shall be locked against egress travel when the building is occupied. Locking devices that impede or prohibit egress or that cannot be disengaged easily shall not be used". Both rules further state that closet doors shall be designed so that children can open them from the inside, so these devices could not be used there, either. This is in line with National Fire Protection Association (NFPA) 101, Life Safety Code, as well, which in paragraph 7.3.1.5.3 states, "Locks, if provided, shall not require the use of a key, a tool, or special knowledge or effort for operation from the egress side". These child-proof doorknob devices require special effort and knowledge to operate, so they can't be used on doors that are a part of the means of egress.

"No door in a means of egress shall be locked against egress travel when the building is occupied. Locking devices that impede or prohibit egress or that cannot be disengaged easily shall not be used".

More Than BABY TALK

Courtesy of the Frank Porter Graham Child Development Institute at UNC-Chapel Hill

Several months ago, researchers at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill completed a review of the latest science that revealed how early childhood educators can ignite the growth of language and communication skills in infants and toddlers. Nicole Gardner-Neblett and Kathleen Cranley Gallagher have published this guide, More Than Baby Talk, online.

"Early language and communication skills are crucial for children's success in school and beyond," said Gardner-Neblett, principal investigator for the FPG study, when the guide was published. "Children who develop strong language and communication skills are more likely to arrive at school ready to learn and are more likely to have higher levels of achievement."

According to Gardner-Neblett, during the first years of life, children's brains are developing rapidly, laying the foundation for learning. The interactions children have with adults influence early brain growth and learning, giving early childhood educators a crucial opportunity to provide children with interactions that can support language and communication.

Language and communication skills include a child's ability to express himself or herself through words, gestures, or facial expressions, as well as the capacity to understand others. Co-principal investigator Kathleen Gallagher said that when teachers provide children with higher levels of language stimulation during the first years of life, children in turn have better language skills. "When teachers ask children questions, respond to their vocalizations, and engage in other positive talk, children learn and use more words," said Gallagher.

The FPG researchers said that many early child care educators can do more to actively engage children and facilitate the development of language and communication. "More high-quality language interactions between children and adults will provide children with the kinds of experiences that can foster their growth," said Gardner-Neblett.

Researchers reviewed the current science and then streamlined their findings into ten recommended practices. More Than Baby Talk: 10 Ways to Promote the Language and Communication Skills of Infants and Toddlers recommends one-on-one and small-group interactions that are tried and tested to support the development of language and communication in infants and toddlers from a variety of backgrounds.

Each practice includes the science that supports it and examples of how to use it.

The "Get Chatty" recommendation, for instance, suggests commenting on routines like hand-washing, as they occur: "We are washing our hands. We are making lots of big bubbles." Educators also can use longer sentences, draw connections between children's lives and books, and use songs to tell stories.

Gardner-Neblett and Gallagher said that many of the practices work well in combination with one another. They added that early childhood educators should keep in mind children develop differently and at varying rates.

In addition, while educators play key roles, they are not the only group that can make a marked difference for infants and toddlers.

"We think parents could use these same practices with their young children," said Gardner-Neblett. "By using these strategies at home, parents can provide children with the rich language exposure and opportunities they need to enhance their language and communication, helping them to achieve in preschool and beyond."

View and download the complete color guide at http://mtbt.fpg.unc.edu/. Print the guide to share with child care staff and families so all can benefit from this exciting research!

Child Care Consultation Program

Nola Martz, MSN RN, Program Manager, Missouri Department of Health & Senior Services

The Child Care Health Consultation (CCHC) Program is an initiative reaching child care providers and children enrolled in day care. The CCHC Program provides health, safety and nutrition information through consultation, training and health promotion activities. The CCHC Program uses professional nurses to coordinate and deliver these services; utilizing Local Public Health Agency nurses and other subject matter experts (e.g., Communicable Disease, Immunizations, WIC, and Environmental staff), the program offers one of the largest trainer networks in the state.

Local public health agency CCHCs began using the Missouri Workshop Calendar effective January 1, 2015. This means that training for clock hours provided by the CCHCs is approved through the Missouri Workshop Calendar and can be counted toward child care providers' annual clock hour training requirements.

What services are offered by the CCHC Program?

Training Clock hours: Child care facility staff can earn clock hours by attending approved trainings to assist them in meeting annual licensing requirements (12 clock hours per calendar year). Training is provided at no cost to the facility staff (with one exception—Local agencies may request reimbursement for actual costs of CPR and First Aid training materials and certification cards - usually less than $25). Parents and guardians are also welcome to attend trainings offered to child care providers.

Consultations: The CCHC Program offers specialized and technical consultations to providers to furnish guidance on health and safety issues that affect the child care environment.

Health Promotions: The CCHC Program provides health and safety education to children enrolled in child care. At the child care center, children participate in fun activities that teach them about safety and living healthy lifestyles.

How does the CCHC Program function?

The Department of Health and Senior Services receives federal funds that are passed to local public health agencies through contracts to provide these services on a federal fiscal year basis (October 1 to September 30 each year). CCHC nurses and the network of other public health professionals in local agencies have built relationships with the child care providers they serve, allowing trusted communication to occur between providers and public health officials during times of need (disease outbreaks, pandemic influenza, and natural disasters). CCHCs in LPHAs are able to reach providers/family members with important information about priority health issues in Missouri.

During the Federal Fiscal Year 2014 (Oct. 1, 2014 to Sept 30, 2015), the CCHC program provided the following level of services:

- 3,113 child care centers served
- 1,065 consultations given to providers
- 2,298 clock hours provided
- 69,833 children served by health promotions

Contact your Child Care Health Consultant with questions regarding the health and safety of children in your care and to inquire about available services by contacting participating local public health agencies. A map of counties participating in the 2015 CCHC contract (Oct 1, 2014 to Sept 30 2015) is available at: http://clphs.health.mo.gov/lphs/pdf/contractormap.pdf.

Recall

Unsafe Products, and How to Obtain Recall Information

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that works to reduce the risk of injuries and deaths from consumer products. The CPSC issues approximately 300 product recalls each year, including many products found in child care settings. Many consumers do not know about the recalls and continue to use potentially unsafe products. As a result, used products may be lent or given to a charity, relatives or neighbors or sold at garage sales or secondhand stores. You can help by not accepting, buying, lending or selling recalled products. You can contact the CPSC to find out whether products have been recalled and, if so, what you should do with them. If you have products that you wish to donate or sell and you have lost the original packaging, contact the CPSC for product information. It is the responsibility of child care providers to ensure that recalled products are not in use in their facilities.

The CPSC's toll-free hotline is available at 800.638.2772. The hearing impaired can call 800.638.8270. Information also is available on the CPSC website at: www.cpsc.gov.

This quarter we are highlighting a product that has recently been recalled and is commonly found in child care facilities.

Blinds To Go Recalls Window Shades Due to Strangulation Hazard

Description
The recalled custom-made shades have a hold-down device for the cord that is a clear, P-shaped plastic hook. The cord or chain loop of the window shades clips into the device. The hook is screwed to the side of the wall or window during installation. It was shipped with the Blinds To Go custom-made roller shades with Sidewinders; Smartlift pleated and cellular shades; Panel Tracks shades and Serenity shades.

Units
About 200,000

Remedy
Consumers can contact the company to order a free retrofit kit that includes a new hold down device and instructions on how to replace the recalled part. Customers also can bring the window shades to a local showroom to have the new device fitted on the shades.

Sold exclusively at
Blinds To Go showrooms and online at www.blindstogo.com from January 2009 to November 2014 for between $60 and $770.

Manufacturer(s)
Blinds To Go of Lakewood, New Jersey

Manufactured in
USA

First Aid / CPR Training: Clock Hours and Certification

First Aid and CPR training can save lives. Child care licensing rules require that at least one caregiver with current certification in age-appropriate First Aid and CPR training be on site at all times. Centers must also have at least one caregiver with current certification for every 20 children in the licensed capacity of the center. Many providers want to count this training for certification and clock hour credit, so there are some important things to note prior to selecting your trainer.

Certification

First Aid and CPR certification from the following organizations is approved to meet certification requirements:

- American Academy of Pediatrics PedFACTS
- American Red Cross
- American Heart Association
- American Safety and Health Institute
- EMS Safety
- Emergency Care and Safety Institute
- National Safety Council

Certification cards issued by the certifying organization must include the name of the certifying organization, provider's name, and the specific certifications the card represents, including information to determine if the certifications are age appropriate. Additionally, there needs to be information to determine the date of training and certification expiration date.

Training

First Aid and CPR training may count toward clock hours only if the trainer completes the training approval process through the Missouri Workshop Calendar (MWC) at: www.moworkshopcalendar.org. To determine if a trainer is approved to provide clock hours, search for the training session on the MWC either on the date of the training or check to see if the trainer is listed as approved on the "First Aid/CPR Training" tab. The trainer must provide the 13-character approval number unique to each training session to verify it is approved. Trainers who are not yet approved to provide clock hours for their training sessions may find information on the Trainer Information on the Section for Child Regulation website: http://health.mo.gov/safety/childcare/trainerinfo.php.

Online-only First Aid and CPR is not acceptable. Pediatric (i.e., infant and child) First Aid and CPR is required when a facility is licensed for children under age 13. For questions about training, email: CCTraining@health.mo.gov.

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This publication provides topical information regarding young children who are cared for in child care settings. We encourage child care providers to make this publication available to parents of children in care or to provide them with the Web address: health.mo.gov/safety/childcare/newsletters.php so they can print their own copy.

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Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services, Section for Child Care Regulation, P.O. Box 570, Jefferson City, MO, 65102, 573.751.2450. Hearing- and speech-impaired citizens can dial 711. EEO/AAP services provided on a nondiscriminatory basis.

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